



Gallatin City-County Health Department

Human Services
12 N. 3rd Ave
Bozeman, MT 59715
406-582-3100 • FAX 406-582-3112

Environmental Health Services
311 West Main, Room 108
Bozeman, MT 59715
406-582-3120 • FAX 406-582-3128

Intent to Groundwater Monitor

Company _____

Person performing monitoring _____

Please complete the following information where applicable and attach site maps.

Property Owner _____

Site Address _____
(If no address is available please provide the road name)

Subdivision/COS _____ Lot/Tract _____

Section _____ Township _____ Range _____ SE Confirmation # _____

of wells _____ Estimated monitoring start date _____

Has this site been monitored before? ☐ Yes ☐ No If Yes, when was it monitored _____

Previous groundwater monitoring # _____ Who did the monitoring _____

- ☐ Road Map (wide and close views if possible)
- ☐ Map with wells clearly marked and #'s you assigned to them
- ☐ Special instructions (i.e. locked gate, animals, directions to site) _____
- _____
- _____

MDEQ Appendix C:

"Observation must be done during the time when groundwater levels are highest. This is typically during the spring runoff or during the irrigation period, but may also be at some other time during the year. Observation must be done weekly or more frequently during the appropriate periods of suspected high groundwater. Observation must include at least two weeks of observation prior to and after the groundwater peak, otherwise the reviewing authority may reject the results."

Completed by EHS

Comments

Date entered into computer _____ Groundwater monitoring # _____

Reviewed by _____